## **CREDIT CARD AUTHORIZATION FORM**

	SURROGATE'S COURT
SURROGATE	PHONE: () FAX: ()
DATE:, 20	
NAME:	PHONE: ()
ADDRESS:	
FILE NAME:	
FILE NO:	
AMOUNT OF FILING: \$	
credit or debit card payments require the sauthorized representative of the payee org be accepted, except by fax or e-mail. To othis entire form.	only accept <u>VISA</u> or <u>MasterCard</u> credit card payments. Use of submission of an authorization signed by the payee or a duly anization, therefore no telephone credit card transactions can do so, complete the credit card authorization below and submit
Check as appropriate:	
Credit or Debit Cardholder:	t Clearly - Exactly as appears on card
Credit or Debit Card Number: CV2 Code:	Expiration Date:
*Debit Cards without the VISA or Master or MasterCard logo will be processed as a	Card Logo will NOT be accepted. Debit cards with the VISA credit card.
* * *	ection 2402 of the Surrogate's Court Procedure Act or CPLR cof via the above-noted credit/debit card. I understand that this evoked by the payee.
Cardholder Signature:	Date:

Credit/Debit card transactions rejected by your bank for failure to submit all required information will result in return charge of \$20 which will be added to the outstanding balance.